2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P33056

Entity Name: ABL MANAGEMENT, INC.

FILED Jan 22, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11224 BOARDWALK DRIVE 11224 BOARDWALK DRIVE

SUITE B-1-5 SUITE B-1-5

BATON ROUGE, FL 708350486 US BATON ROUGE, LA 708350486 US

Current Mailing Address: New Mailing Address:

PO BOX 40486 PO BOX 40486

SUITE B-1-5 BATON ROUGE, LA 708350486 US

BATON ROUGE, LA 708350486 US

FEI Number: 72-1174269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPCF () Delete Title: DCCF (X) Change () Addition LAWRENCE, JOHN C., LAWRENCE, JOHN C.,

Name: Name: 5110 SANDY RIDGE 19416 POINT O'WOODS Address: Address: City-St-Zip: BATON ROUGE, LA 70817 City-St-Zip: BATON ROUGE, LA 70809

Title: STD Title: DP (X) Change () Addition () Delete

Name: APPLETON, JOHN, Name: APPLETON, JOHN,

12555 SHERBROOK DR 19242 SPYGLASS HILL DRIVE Address: Address: BATON ROUGE, LA 70809 City-St-Zip: BATON ROUGE, LA City-St-Zip:

Title: Title: (X) Change () Addition DVP () Delete DVPT

BRESEE, JERRY, SCOTT, SANDEE, Name: Name:

9771 MESA VERDA DR 18042 BRYAN'S CROSSING AVENUE Address: Address: City-St-Zip: BATON ROUGE, LA 70814 City-St-Zip: BATON ROUGE, LA 708177457

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDEE SCOTT **DVPT** 01/22/2002